

Chapter A But
Paragraph 3

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM 875)

SERIAL NO.

APPLICANT(S)

FILING DATE

10/01996/

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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